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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	10803
First Named Inventor	CHRISTOPHER BILLINGS
<i>COMPLETE IF KNOWN</i>	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLUSTER ASSEMBLY

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 27015 OR Correspondence address below

Name

CHARLES L. THOEMING/Bielen, Lampe & Thoeming, P.A.

Address

1990 NORTH CALIFORNIA BLVD., SUITE 720

City WALNUT CREEK	State CA	ZIP 94596
Country U.S.	Telephone 925.937.1515	Fax 925.937.1529

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) CHRISTOPHER	Family Name or Surname BILLINGS
--	---------------------------------------

Inventor's Signature 	Date 10-31-03
---	------------------

Residence: City	State CA	Country U.S.	Citizenship U.S.
-----------------	-------------	-----------------	---------------------

Mailing Address
2535 Vintage Street

City Napa	State CA	ZIP 94558	Country U.S.
--------------	-------------	--------------	-----------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
-------------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	ZIP	Country
------	-------	-----	---------



Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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Name

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Address

1990 NORTH CALIFORNIA BLVD., SUITE 720

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Country U.S.	Telephone 925.937.1515	Fax 925.937.1529

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NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) JOSE A.	Family Name or Surname ROBLEDO		
Inventor's Signature <i>Jose A. Robledo</i>	Date 10/30/03		
Residence: City Napa	State CA	Country U.S.	Citizenship U.S.

Mailing Address 38 Executive Court	City Napa	State CA	ZIP 94558	Country U.S.
---------------------------------------	--------------	-------------	--------------	-----------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City Napa	State CA	Country U.S.	Citizenship U.S.

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address
1990 NORTH CALIFORNIA BLVD., SUITE 720

City WALNUT CREEK	State CA	ZIP 94596
Country U.S.	Telephone 925.937.1515	Fax 925.937.1529

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) KEITH	Family Name or Surname GRAY
--	-----------------------------------

Inventor's Signature 	Date 10/29/03
---	------------------

Residence: City 38 Executive Court	State CA	Country U.S.	Citizenship U.S.
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Mailing Address
38 Executive Court

City Napa	State CA	ZIP 94558	Country U.S.
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
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Mailing Address

City	State	ZIP	Country
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Country U.S.	Telephone 925.937.1515	Fax 925.937.1529
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NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--	---

Given Name (first and middle [if any]) JOSE M.	Family Name or Surname COMES
--	------------------------------------

Inventor's Signature 	Date 10/30/03
--	------------------

Residence: City Napa	State CA	Country U.S.	Citizenship U.S.
-------------------------	-------------	-----------------	---------------------

Mailing Address 38 Executive Court	
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City Napa	State CA	ZIP 94558	Country U.S.
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any])	Family Name or Surname
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Inventor's Signature	Date
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Residence: City	State	Country	Citizenship
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Mailing Address			
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City	State	ZIP	Country
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	CHRISTOPHER BILLINGS
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	10803

I hereby appoint:

Practitioners associated with the Customer Number: 27015

OR

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

<input checked="" type="checkbox"/>	The address associated with the above-mentioned Customer Number:		
OR			
<input type="checkbox"/>	The address associated with Customer Number:		
OR			
<input type="checkbox"/>	Firm or Individual Name		
Address			
Address		State	Zip
City			
Country			
Telephone	Fax		

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	CHRISTOPHER BILLINGS
Signature	<i>Christopher Billings</i>
Date	10-31-03
	Telephone 707-259-4322 Ext 0281

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of Four (4) forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 Practitioner(s) named below:

Name	Registration Number

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 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

 Firm or Individual Name Address Address City

State

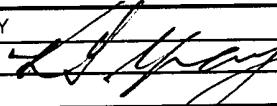
Zip

 Country Telephone

Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	KEITH I. GRAY
Signature	
Date	10/29/03
Telephone	707-226-1144

NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Address		
Address		
City		State
Country		
Telephone	Fax	

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	JOSE A. ROBLEDO	
Signature	<i>Jose A. Robledo</i>	
Date	10/30/03	Telephone 707-226-1144

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of Four (4) forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name JOSE M. GOMES

JOSE M. COMES

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